

**MORRISON & FOERSTER LLP**

Attorneys at Law  
425 Market Street  
San Francisco, California 94105-2482  
Telephone: (415) 268-7000  
Facsimile: (415) 268-7522

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**FROM:** Timothy A. Worrall, Reg. No. 54,552**DATE:** December 21, 2004**NUMBER OF PAGES WITH COVER PAGE: 18**Preparer of this slip has confirmed that facsimile number given is correct: 7638/VAW2**CAUTION - CONFIDENTIAL**

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**Comments:**

**ATTORNEY DOCKET NO.:** 146712010200  
**SERIAL NO.:** 10/602,422  
**FILING DATE:** June 23, 2003  
**INVENTOR(S):** Anthony J. AIELLO  
**TITLE:** FLUID DYNAMIC BEARING ASYMMETRY PRESSURE FEEDBACK

**Papers attached herewith:**

1. Transmittal - 1 page
2. Fee Transmittal (in duplicate) - 2 pages
3. Petition for Extension of Time - 1 page
4. Amendment - 13 pages

sf-1840152


PTO/SB/21 (09-04)

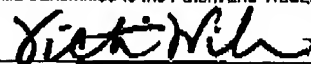
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/602,422	
	Filing Date	June 23, 2003	
	First Named Inventor	Anthony J. AIELLO	
	Art Unit	3682	
	Examiner Name	L. Footland	
Total Number of Pages in This Submission	17	Attorney Docket Number	146712010200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) - 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 13 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax cover sheet
<div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Remarks       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 29872)		
Signature			
Printed name	Timothy A. Worrall		
Date	December 21, 2004	Reg. No.	54,552

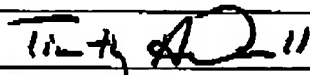
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Dated: December 21, 2004	Signature:  (Victoria A. Wilson)

sf-1839933

PTO/SB/17 (12-04)

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<b>Effective on 12/09/2004,</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>for FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/602,422
		Filing Date	June 23, 2003
		First Named Inventor	Anthony J. AIELLO
		Examiner Name	L. Footland
		Art Unit	3682
		Attorney Docket No.	146712010200
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	
<b>METHOD OF PAYMENT (check all that apply)</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____			
<input checked="" type="checkbox"/> Deposit Account   Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
<b>FILING FEES</b>		<b>SEARCH FEES</b>	
<b>Application Type</b>	<b>FEE (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	
Design	200	100	
Plant	200	100	
Reissue	300	150	
Provisional	200	100	
<b>EXAMINATION FEES</b>		<b>Small Entity Fee (\$)</b>	
<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>	
500	250		
100	50		
300	150		
500	250		
0	0		
<b>2. EXCESS CLAIM FEES</b>			
<b>Fee Description</b>		<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100
Multiple dependent claims		360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<u>19</u>	<u>-20 or HP</u>	<u>0</u>	<u>x</u>
		<u>50</u>	<u>=</u>
		<u>0.00</u>	
		<b>Multiple Dependent Claims</b>	
		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
HP + highest number of total claims paid for, if greater than 20			
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
<u>4</u>	<u>-3 or 4</u>	<u>0</u>	<u>x</u>
		<u>100</u>	<u>=</u>
		<u>0.00</u>	
HP + highest number of independent claims paid for, if greater than 3			
<b>3. APPLICATION SIZE FEE</b>			
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or reaction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>
<u>-100 =</u>	<u>150 =</u>	<u>(round up to a whole number) x</u>	<u>=</u>
		<b>Fee Paid (\$)</b>	
<b>4. OTHER FEE(S)</b>			
Non-English Specification, \$130 fee (no small entity discount)			
Other: <u>1251 Extension for response within first month</u>			<b>\$120.00</b>
<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	64,552
Name (Print/Type)	Timothy A. Worrell	Telephone	(415) 268-7151
		Date	December 21, 2004

sf-1839915

PTO/SB/17 (12-04)

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Signature	<u>Timothy A. Worrell</u>	Registration No. (Attorney/Agent)	54,552 Telephone (415) 268-7151																																																						
Name (Print/Type)	Timothy A. Worrell	Date	December 21, 2004																																																						

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) <b>148712010200</b>																									
Application Number <b>10/802,422</b>		Filed <b>June 23, 2003</b>																									
For <b>FLUID DYNAMIC BEARING ASYMMETRY PRESSURE FEEDBACK</b>																											
Art Unit <b>3682</b>		Examiner <b>L. Footland</b>																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th style="text-align: center;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$120.00</td> <td style="text-align: right;">\$60.00</td> <td style="text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$450.00</td> <td style="text-align: right;">\$225.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1,020.00</td> <td style="text-align: right;">\$510.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1,590.00</td> <td style="text-align: right;">\$795.00</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2,160.00</td> <td style="text-align: right;">\$1,080.00</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> <del>I have enclosed a duplicate copy of this sheet.</del> Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,552</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p style="text-align: center;"><u>Timothy A. Worrall</u> Signature</p> <p style="text-align: center;"><u>December 21, 2004</u> Date</p> <p style="text-align: center;"><u>Timothy A. Worrall</u> Typed or printed name</p> <p style="text-align: center;"><u>(415) 268-7151</u> Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$60.00	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$225.00	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$510.00	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$795.00	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$1,080.00	\$
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